

ACCA Enrolment Form

On-demand

Bookings can also be made **ONLINE** and **EMAIL**. Please see **reverse** for details. Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details	Your Employer's Details (only complete if your employer is funding your studies)									
Title (Mr/Mrs/Ms/Miss)	Company Name									
Surname	Company Registration Number									
First name(s)	Training Manager's Name (Mr/Mrs/Ms/Miss)									
Date of Birth / /										
Address	Training Manager's Tel. Number									
	Training Manager's Email Address									
Post Code										
Home Phone										
Mobile Phone	Work Address									
Work Phone										
Please provide an email address you have access to during and outside office hours. All communications, including those relating to your online learning and resources, will be sent to this email address.	Post Code									
Email Address	Your Signature									
	Before signing this enrolment form, students are reminded to ensure they									
ACCA Registration Number Note: It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.	have clearly understood all the terms of their enrolment with HTFT Partnership, in particular clauses concerning refunds, deferments, waivers,									
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information										
MARKETING POLICY – From time to time we would like to contact you with course information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here \Box	Your Signature									
EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from ACCA. If you do not wish ACCA to share your results with us										
tick here 🗌	Date									
Payment Option 1: Your Employer is Sponsoring You										
As employer of the student for whom this form is completed, we are responsible for payn Partnership have been granted in respect of the student and undertake to inform you in v	s responsible for the payment of fees, please complete the following: nent of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT writing promptly of any change to this arrangement. We understand that we are fully responsible ination of employment or course cancellation). We confirm that we have read, understood and tnership.co.uk									
	Name									
Purchase Order Number	Contact Name									
Invoice Address (if different to work address above)										
	Post Code									
Email Address for invoices to be sent to:										



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	A	pplied Knowled	ge	Applied Skills						Strategic Professional			Strategic Professional: Options					
	Accountant in Business	Management Accounting	Financial Accounting	Corporate and Business Law	Performance Management	Taxation	Financial Reporting	Audit and Assurance	Financial Management	Strategic Business Reporting		Strategic Business Leader	Advanced Financial Management	Advanced Performance Management	Advanced Taxation			
On-demand (no Exam Simulation/QBR)	350	350	350	350	N/A	N/A	N/A	N/A	N/A	N/A N/A		N/A	N/A	N/A	N/A			
Tick					N/A	N/A	N/A	N/A	N/A	N/A N/A N/A N/A		N/A	N/A	N/A				
On-demand (with Exam Simulation/QBR)	N/A	N/A	N/A	N/A	700	700	700	700	700	UK 900	INT 900	900	800	800	900	UK 800	INT 800	
Tick	N/A	N/A	N/A	N/A														
Total Per Paper (£)																		
Please indicate which ACCA Exam Window you are sitting your exam in Total cost																		
Payment Option 2: Cheque / Online								Study Materials:										
I enclose a cheque for £ made payable to HTFT Partnership Limited Bank transfer for £							Where would you like your ACCA approved study materials to be delivered to:											
 Bank transfer for £ Bank Name: HSBC Bank account name: HTFT Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF Sort code 40-42-12 A/C number 92317591 (Include your ACCA ID number as a reference) 									Employer's address									
\Box I would like to pay by debit/credit card (HTFT will invoice you for £)									Plea	Please send your completed form to <u>bookings@htftpartnership.co.uk</u>								